



UNIVERSITA' POLITECNICA DELLE MARCHE
DIPARTIMENTO SCIENZE DELLA VITA E DELL'AMBIENTE

PROJECT OF VOCATIONAL TRAINING AND ORIENTATION

Name of Apprentice _____ Registration number _____

Born in _____ on _____ Tel.: _____

Resident at _____, Via _____ tax code _____

Actual conditions (mark the block):

University Diploma Student

University Degree Student

Enrolled for the A.Y. _____ at the _____ year of
the course

On _____

(indicate whether or not the subject has any handicap) yes no

Host Company _____ Tel _____ Fax: _____

Registered office/s of the Apprenticeship (factory/department/office) _____

Times of access at locality _____

Period of Apprenticeship n. Months _____ from _____ to _____

Academic Tutor **Prof. Paolo Mariani**

Company Tutor _____ Signature _____

Insurance Policy: subject to INAIL insurance according to the agreement disposed by articles 127 and 190 of T.U. 1124/65 and regulated by D.M. 10.10.1985 and by D.P.R. 9.04.1999 n. 156.

Civil liability position n. 56609669 Company UNIPOL

Apprenticeship objectives and formalities

.....

.....

.....

.....

.....

.....

.....

.....

.....

Prescribed special terms.....

.....

.....

.....

Obligations of the apprentice:

- Follow the instructions of the tutors and refer to them for any organisational cause or other eventuality;
- Respect the obligations of confidentiality with reference to the productive processes, products and or any other company information which will come to the knowledge of the apprentice during the course of the apprenticeship;
- Respect company regulations and laws in matters of hygiene and safety.

Ancona li

Signature upon reading and acceptance by the apprentice

Signature on behalf of the Promoting Subject - Direttore DiSVA

Signature for the Company

.....

.....